

FORM TO BE USED BY A PRISONER IN FILING A COMPLAINT
UNDER THE CIVIL RIGHTS ACT 42 U.S.C. § 1983

UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF NEW JERSEY

Abdul-Wad Abdulhach
c/o 5060 Atlantic Avenue
Marshallway, New Jersey 08330

(Enter above the full name of the plaintiff in this action)

Civil Action No. _____
(To be supplied by the clerk of the court)

V.

Seraldine Cohen Warden of Atlantic
County Justice Facility;
Cheryl DeRose, Head of medical in
Atlantic County Justice Facility

(Enter above the full name of the defendant in this action)

INSTRUCTIONS -- READ CAREFULLY

1. This complaint must be legibly handwritten or typewritten, signed by the plaintiff and subscribed to under penalty of perjury as being true and correct. All questions must be answered concisely in the proper space on the form. Where more space is needed to answer any question, attach a separate sheet.
2. In accordance with Rule 8 of the Federal Rules of Civil Procedure, the complaint should contain (1) a short and plain statement of the grounds upon which the court's jurisdiction descends, (2) a short plain statement of the claim showing that you are entitled to relief, and (3) a demand for judgment for the relief which you seek.
3. You must provide the full name of each defendant or defendants and where they can be found.
4. You must send the original and one copy of the complaint to the Clerk of the District Court. You must also send one additional copy of the complaint for each defendant to the Clerk. Do not send the complaint directly to the defendants.

5. Upon receipt of a fee of \$120.00, your complaint will be filed. You will be responsible for services of a separate summons and copy of the complaint on each defendant. See Rule 4, Federal Rule of Civil Procedures.
6. If you do not have the necessary filing fee, you may request permission to proceed in forma pauperis, in which event you must execute the application accompanying this form, setting forth information establishing your inability to prepay the fees and costs or give security therefor. If you wish to proceed in forma pauperis, you must also submit a certified copy of your trust fund account statement (or institutional equivalent) which must reflect all deposits on your account for the 6-month period immediately preceding submission of this application, obtained from the appropriate official of each prison at which you are or were confined.
7. If you are given permission to proceed in forma pauperis, you may be required to pay an initial filing fee. If so, no complaint will be filed unless this initial filing fee is paid. You will also be required to make monthly payments of 20 percent of the preceding month's income credited to your account. The Department of Corrections shall forward payments from your account to the Clerk each time the amount in the account exceeds \$10 until the filing fee is paid. The Clerk will prepare and issue a copy of the summonses and the copies of the complaint which you have submitted shall be forwarded by the Clerk to the United States Marshal, who is responsible for service. The Marshal has USM-285 forms you must complete so that the Marshal can locate and serve each defendant. If the forms are sent to you, you must complete in full and return the forms to the Marshal.
8. Applications for leave to proceed in forma pauperis which do not conform to these instructions will be returned by the Clerk with a notation as to the deficiency.

QUESTIONS TO BE ANSWERED

1. Previous Lawsuits
 - (a) Have you filed any other suits in federal or state court since you were imprisoned?
[] Yes [☒] No
 - (b) If your answer to (a) is "Yes", describe the lawsuit in the spaces below. (if there is more than one suit, describe the additional suits on a separate sheet, answering the same question for each suit.
 - i. Parties to previous suit:

Plaintiffs: Mr. Abdul Wali Abdullah #254011

Defendants: Warden Geraldine D. Cohen

2

- ii. Court (If Federal court, name the district, if state court, name the County) _____

iii. Docket Number: _____

iv. Name of Judge to whom case was assigned: _____

v. Disposition (for example: Was the suit dismissed? Was there an Appeal? it still pending?) _____

vi. Approximate date of filing suit: _____

vii. Approximate date of disposition: _____

viii. Issue in previous suit? _____

Is

2. Place of present confinement? Atlantic County Justice Facility

3. Parties

(In item (a) below, place your name in the first blank and place your present address in the second blank. Do the same for the additional plaintiffs. If any.)

A. Name of plaintiff: Abdul-Wol Abdullah

Address: % 5060 Atlantic Avenue, Mays Landing
New Jersey 08330

Inmate Number: 254011

B. First Defendant -- name: Geraldine Cohen

Official Position: Warden

Place of employment: Atlantic County Justice Facility

Attachment, additional
Defendants
3(B)

3

How is this person involved in the case? (i.e., what are you alleging that this person did or did not do that violated your constitutional rights?) Geraldine Cohen

is the warden at the Atlantic County Justice Facility. Defendant is responsible for the safety of the orderly running of the institution, as well as being responsible for my health or well being while locked up in this county jail. I have complaint through the attachment additional info

- C. If there is more than one defendant, attach a separate sheet. For each specify: (1) Name, (2) Official position, (3) Place of employment, and (4) Involvement of the defendant.

4. Statement of claims

(State here as briefly as possible the facts of your case. Describe how each defendant violated your rights, giving dates and places. If you do not specify how each defendant violated your rights and the date(s) and place of the violations, your complaint may be dismissed. Include also the names of other persons who are involved, including dates and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Use as much space as you need. Attach a separate sheet if necessary.)

Warden Geraldine Cohen of her order of confining me to pod (F-Right) with mold growing on the walls of the shower. Then moving me to (B-Right) with the same problem, is subjecting me to breathing mold, which is not just hazardous to my health but dangerous to my health, because mold is an airborne contagious breathing dust. I'm starting to notice I'm becoming short of breath, am coughing more than usual. On Saturday the 9th of December 2017, I put in for sick call, I was seen on Sunday the 10th of December 2017 for sick call, was told by the doctor that she could only prescribe me cough medicine, even after I explain to her I believe I was exposed to the mold that is growing on the inner shower walls. At this time, I filed a grievance on 12-14-2017 as I came on this pod (B-Right) July 11, 2017 - to the present I'm still being exposed to the mold.

attachment: addition Defendant
Statement of claim (4)

Attachment: additional Defendant 3(B)

c. Cheryl Dubose, Head of Medical, of Atlantic County Justice Facility,

Additional info 3.

inmate grievance system, that there is mold on the bathroom shower walls, and that I am breathing it in daily, on the unit that I am on and my room 16, is right next to the bathroom. Without any action on her behalf to correct this serious matter. I am including copies, in response of the inmate resolution form, I submitted concerning the mold on the wall.

3(B) Cheryl Dubose, Head of Medical I have filled out sick call complaining about me being short of breath, and that I am coughing more than normal. I have explain to her, that I have been here (7) weeks months and that its excessive mold on the walls of the bathroom shower, in the (2) units I've been in 7-Right, and B-Right. Her responses was, I can only offer you cough medication. As of this date as time, no one from the medical department has called me for a chest x-ray or to check my lungs to see if the mold is affecting my lungs.

Attachment: additional Defendant. Statement of claim (4)

B Cheryl Dubose, Head of Medical Department of Atlantic County Justice Facility. By not checking to see if I am not exposed to this mold, by not ordering x-rays etc and for not ordering the facility to clean

the mold on the shower walls in pod (B-Right). They are neglecting not just me but everybody being exposed to this airborne mold that's hazardous to my health. I also grievenced this in my grievance dated 12-11-2017

5. Relief

(State briefly exactly what you want the Court to do for you. Make no legal arguments. Cite no cases or statutes.)

I would like to be compensated \$5,000 for each day I was subjected to breathing in this mold. I would like all medical expenses paid for, to make sure I don't have any mold growing in any of my internal organs. Thank you for listening court.

6. Do you request a jury or a non-jury trial? (Check only one)

☒ Jury Trial

☐ Non-Jury Trial

I declare under penalty of perjury that the foregoing is true and correct.

Signed this December day of 16, 20 17

Mr. Abdul-Wahid Abdullah
Signature of Plaintiff

EACH PLAINTIFF NAMED IN THE COMPLAINT MUST SIGN THE COMPLAINT HERE. ADD ADDITIONAL LINES IF THERE IS MORE THAN ONE PLAINTIFF. REMEMBER, EACH PLAINTIFF MUST SIGN THE COMPLAINT.